#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00041325 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Debra H. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Lehrmann CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Greg NAME NICKNAME LAST **SUFFIX** Lehrmann **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-7722 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Supreme Court Justice Place 3

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Lehrmann, Debra H.	(The Honorable)	<b>14</b> Filer ID (	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or of consent. Candidates and officeholders are required to report this information only if they receive									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	Judge Debra Lehrmann for Texas Supreme	Court							
		COMMITTEE ADDRESS								
	X SPECIFIC	PO Box 341027								
		Austin, TX 78734								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Lehrmann, Greg								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
		1005 Congress Ave., Ste. 400								
		Austin, TX 78701								
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00						
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES									
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 5,531.78						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 0.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Honora	able Debra H. Lehrma	ann						
		Signature of	Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
of	, 20, to c	ertify which, witness my hand and seal of office.								
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath						
Olghalaic of Olli	co. daministering batti	. Time a matter of officer duffillistering valit	THE OF OTHER	administering out						

## SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

				3 of 11
18 FIL Let	ER NAN nrmann	(Ethics Commission Filers)		
20 SCI NAI	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.			\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 5,531.78
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

(	Credit Card Payment	The Instruction Guide explains how to	complete this form.					
<b>1</b> To	otal pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
S	ch: 1/8 Rpt: 4/11	Lehrmann, Debra H. (The Honorable) 00041325						
<b>4</b> D	ate	5 Payee name	•					
0:	1/28/2025	Capitol Grill						
<b>6</b> A	mount (\$)	7 Payee address; City; State; Zip C	Code					
	\$40.95	1400 Congress Ste. E1.002						
_	Reimbursement from							
×	political contributions intended	Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
E	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
			Chambers lunch					
	omplete <u>ONLY</u> if direct xpenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	/OH							
D	ate	Dayon nama						
	4/15/2025	Payee name Clay Pit						
		-	Pada					
A	mount (\$) \$102.91	Payee address; City; State; Zip C 1601 Guadalupe	Joue					
	•	1001 Guadalupe						
×	Reimbursement from political contributions intended	Austin, TX 78701						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
_			Chambers lunch					
	omplete <u>ONLY</u> if direct xpenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	/OH							
D	ate	Payee name						
	4/29/2025	Clay Pit						
	mount (\$)	Payee address; City; State; Zip C	Code					
/ (	\$105.08	1601 Guadalupe	Joue					
	Reimbursement from	1001 Guadaiapo						
×		Austin, TX 78701						
	PURPOSE		Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if Austin, TX, officeholder living expense				
E	EXPENDITURE	Food/Beverage Expense	Chambers lunch	- ,				
С	omplete ONLY if direct	L Candidate/Officeholder name	Office sought	Office held				
ex	xpenditure to benefit	·	3 ,					
_ C	/OH							

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Wages/Contract Labor	Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
_	Sch: 2/8 Rpt: 5/11	-	Lehrmann, Debra H. (The Honorable)			00041325	
4	Date	5	Payee name		•		
	05/28/2025		Clay Pit				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$124.43		1601 Guadalupe				
	Reimbursement from political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Tex	cas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		L	Check if Austin, TX, officehol	lder living expense
					Chambers lunch		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office h	eld
	Date		Payee name				
	04/30/2025		Costco				
	Amount (\$)	H	Payee address; City; State;	Zip Co	ode		
	\$157.93		4301 W William Cannon Dr	•			
	Reimbursement from						
	x political contributions intended		Austin, TX 78749				
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Tex	
	OF EXPENDITURE		Food/Beverage Expense		L	Check if Austin, TX, officehol	lder living expense
					Court Dinner		
	•	Car	ndidate/Officeholder name		Office sought	Office h	eld
	expenditure to benefit C/OH						
H		_					
	Date		Payee name				
	06/27/2025		Costco				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$772.14		4301 W William Cannon Dr				
	Reimbursement from political contributions intended		Austin, TX 78749				
$\vdash$	PURPOSE	$\vdash$	Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Tex	kas. Complete Schedule T.
	OF		Food/Beverage Expense	,		Check if Austin, TX, officehol	lder living expense
	EXPENDITURE		Toda/Botorago Exponed		Court Dinner Foo	d/Beverages	
						Ũ	
	Complete ONLY if direct	Car			Office sought	Office h	eld
	expenditure to benefit	Jui	idiaco, Omocnoidor ridirio		Omec Sought	Office II	0.0
L	C/OH						
1							

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpense Vages/Contract Labor	Trav	vel in District vel Out of District HER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM	лE			3 File	er ID (Ethics Commission Filers)		
	Sch: 3/8 Rpt: 6/11	Lehrmann	, Debra H. (The Honorable)	)		000	041325		
4	Date	<b>5</b> Payee nam	ie						
	06/27/2025	El Fenix							
6	Amount (\$)	7 Payee addı	ress; City; Stat	e; Zip Co	ode				
Ī	\$20.00	1	sbury Blvd.	.o,p o					
	Reimbursement from	000.127	55 d. y 2. v d.						
	X political contributions intended	Burleson,	TX 76028						
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description	=	if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Bev	erage Expense			Check	if Austin, TX, officeholder living expense		
					Court Dinner Food/Beverages				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		
	Date	Payee nam	ie						
	01/25/2025	Four Seas	sons						
	Amount (\$)	Payee addı	ress; City; Stat	e; Zip Co	ode				
	\$20.00	98 San Ja	cinto Blvd.						
	Reimbursement from political contributions intended	Austin, TX	( 78701						
	PURPOSE	Category	(See Categories listed at the top of this s	chedule)	Description	Check	if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel In [	District			Check	if Austin, TX, officeholder living expense		
	LAI ENDITORE				Parking to attend	d Austir	n Bar Foundation Meeting		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		
	Date	Payee nam	ie.						
	06/26/2025	H-E-B	-						
	Amount (\$)	Payee addı	ress; City; Stat	e; Zip Co	nde				
	\$122.79	1	laughter Lane	.c, 2ip 0	Juc				
		3000 W 3	laughter Lane						
	X Reimbursement from political contributions intended	Austin, TX	( 78749						
	PURPOSE	Category	(See Categories listed at the top of this s	chedule)	Description	_	if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Bev	erage Expense		L	_	if Austin, TX, officeholder living expense		
					Court Dinner Foo	od/Bev	erages		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held		

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expla		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
				ins now to c	ompiete una iorni.	
1	Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 7/11	Lehrmann	, Debra H. (The Honorabl	e)		00041325
4	Date	5 Payee nam	е			
	06/28/2025	H-E-B				
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip C	ode	
ľ	\$83.79	4970 W H		o,p o		
		4370 W 11	Wy 230			
	X Reimbursement from political contributions					
	intended	Austin, TX	78735			
8	PURPOSE	(a) Category (	See Categories listed at the top of this	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Court Dinner Foo	od/Beverages
9	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit					
	C/OH					
Г	Date	Payee nam	e			
	04/30/2025	HÉB				
⊢	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode	
	\$396.13	1	• • • • • • • • • • • • • • • • • • • •	ate, Zip C	oue	
	Φ390.13	3600 W Si	aughter Lane			
	Reimbursement from political contributions					
	intended	Austin, TX	78749			
	PURPOSE	Category (	See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense
					Court Dinner	
Г	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit					
L	C/OH					
Г	Date	Payee nam	e			
	05/01/2025	HEB				
⊢	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode	
	\$22.87	1	aughter Lane	ato, 2.p o		
		3000 W 3	auginer Lane			
	Reimbursement from political contributions					
	intended	Austin, TX	78749			
	PURPOSE	Category (	See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense
					Court Dinner	
Г	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit				-	
L	C/OH					
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## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total pages Schedule G:	12		•	12	Filer ID (Ethica Commission Filers)	
_	Sch: 5/8 Rpt: 8/11	_	FILER NAME Lehrmann, Debra H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00041325	
4	Date	5	Payee name				
	03/10/2025		Headliners Club				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$389.68		221 W 6th St Ste 2100				
	X Reimbursement from political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	С	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE		Event Expense			С	Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Retirement Lunc	h fo	or Chief Justice Hecht
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/25/2025		Lehrmann, Debra				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$15.40		1005 Congress Ave., Ste. 400				
	Reimbursement from political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	C	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE		Travel In District			С	Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Mileage to/from A	٩us	stin Bar Foundation Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	02/06/2025		Rightside Compliance				
	Amount (\$)	Г	Payee address; City; State;	Zip Co	de		
	\$330.00		PO Box 341027				
	Reimbursement from						
	X political contributions intended		Austin, TX 78734				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	С	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE		Consulting Expense			С	Check if Austin, TX, officeholder living expense
					Compliance Con	sul	lting
	Complete ONLY if direct	<u>I                                    </u>	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH				•		

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		District t of District enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)			
	Sch: 6/8 Rpt: 9/11	Lehrmann,	Debra H. (The Honorable)			000413	325			
4	Date	<b>5</b> Payee name	<u> </u>			1				
	05/01/2025	Spec's	•							
-	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	odo					
0	\$136.90		nopac Expy Ste K	, Zip Ci	oue					
		10313 N. N	nopac Expy Sie K							
	X Reimbursement from political contributions intended	Austin, TX	78759							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Check if trave	el outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austi	in, TX, officeholder living expense			
					Court Dinner					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held			
	Date	Payee name	9							
	05/28/2025	Texas Bar	Foundation							
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$2,100.00		ess Ave Ste 1755	•						
	Reimbursement from	Ĭ								
	political contributions intended	Austin, TX	78701							
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	<b></b>	el outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		ns/Donations Made By	•••	<u>L</u>	Check if Austin, TX, officeholder living expense				
		Candidate/	Officeholder/Political Comn	nittee	Table at Texas E	Bar Foundat	tion Gala			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held			
	C/OH									
	D :	ı								
	Date	Payee name								
	05/01/2025	Twin Liquo								
	Amount (\$)	Payee addre		; Zip Co	ode					
	\$61.68	5900 W. S	laughter							
	Reimbursement from political contributions									
	x political contributions intended	Austin, TX	78749							
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Check if trave	el outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beve	rage Expense		[	Check if Austi	in, TX, officeholder living expense			
	EXPENDITURE				Court Dinner					
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held			
	expenditure to benefit				-					
	C/OH									

#### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbur

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/N	xpense Wages/Contract Labor		Transporta Travel in D Travel Out		
_		1_		<u> </u>		ompiete tino romii	_		/= · · · ·	_
1	Total pages Schedule G: Sch: 7/8 Rpt: 10/11	ı	FILER NAME Lehrmann, I	: Debra H. (The Honorable)			3	Filer ID 000413	(Ethics Commission Filers) 325	
4	Date	5	Payee name							_
	01/06/2025	ı	Verizon							
6	Amount (\$)	7	Payee addres	ss; City; State	; Zip Co	ode				
	\$87.53		PO Box 105	5378						
	Reimbursement from political contributions intended		Atlanta, GA	30348						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	nedule)	(b) Description	С	heck if travel	l outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Office Overl	head/Rental Expense		[	С	heck if Austi	n, TX, officeholder living expense	
						Telephone Service	се			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officel	nolder name		Office sought			Office held	
	Date		Payee name							_
	02/06/2025	'	Verizon							
	Amount (\$)		Payee addres	ss; City; State	; Zip Co	ode				_
	\$87.53		PO Box 105	5378						
	Reimbursement from									
	X political contributions intended		Atlanta, GA	30348						
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	nedule)	Description	С	heck if travel	l outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Office Overl	head/Rental Expense			С	heck if Austi	n, TX, officeholder living expense	
						Telephone Service	се			
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officel	nolder name		Office sought			Office held	
	Date		Payee name							Ξ
	03/06/2025	ı	Verizon							
	Amount (\$)	ı	Payee addres	•	; Zip Co	ode				Ī
	\$87.53		PO Box 105	5378						
	Reimbursement from political contributions									
	X   political contributions intended	.	Atlanta, GA	30348						
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	nedule)	Description	С	heck if travel	l outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Office Overl	head/Rental Expense			С	heck if Austi	n, TX, officeholder living expense	
						Telephone Service	се			
L										
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeh	nolder name		Office sought			Office held	
										_

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor	Т	ravel in District ravel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 8/8 Rpt: 11/11	2 FILER NAM Lehrmann,	E , Debra H. (The Honorable)				Filer ID (Ethics Commission Filers) 00041325
4	Date	<b>5</b> Payee name					
	04/06/2025	Verizon					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode		
	\$91.45	PO Box 10	5378				
	X Reimbursement from political contributions intended	Atlanta, G	A 30348				
8	PURPOSE	(a) Category (	See Categories listed at the top of this sch	iedule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			_	ck if Austin, TX, officeholder living expense
					Telephone Servi	ice	
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9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	Э				
	05/06/2025	Verizon					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$87.53	PO Box 10	05378				
	Reimbursement from political contributions intended	Atlanta, G	A 30348				
	PURPOSE OF	Category (	See Categories listed at the top of this sch	iedule)	Description	=	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Ove	rhead/Rental Expense		L		ck if Austin, TX, officeholder living expense
					Telephone Servi	ice	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	e				
	06/06/2025	Verizon					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$87.53	PO Box 10	05378				
	Reimbursement from political contributions intended	Atlanta, G	A 30348				
	PURPOSE OF	Category (	See Categories listed at the top of this sch	edule)	Description	=	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Ove	rhead/Rental Expense		L Talanhana Camii	_	ck if Austin, TX, officeholder living expense
					Telephone Servi	ic <del>e</del>	
	Complete ONLY if direct expenditure to benefit	 Candidate/Office	eholder name		Office sought		Office held
L	C/OH						